

Local Responses Facilitating
Technical meeting
Bulawayo, Zimbabwe
November 22-25 1999

Meeting Report
Geneva, January 2000

Meeting stimulates Local Response Agenda

The UNAIDS Local Response Team (Department of Policy Strategy and Research) looks back with great satisfaction at the Technical Meeting on facilitating Local Responses, which was held from November 22-25 in Bulawayo (Zimbabwe). Thanks to the involvement of all participants the meeting had a high quality of interactions and inspiring outputs after each session. The Next Steps on Local Responses, which the participants identified at the last day of the meeting, provided a stimulating product of the meeting.

UNAIDS was pleased to welcome 24 participants from various countries and institutions. Several invitees let explicitly know that they regretted very much that they could not attend the meeting because of time-conflict.

During the meeting it became clear that the Local Response Agenda has moved a long way since 1997. Various presentations and discussions made clear that the process is still moving; results are tangible and scaling up is occurring in several countries. The local response, started in different countries, has stimulated districts that were previously barely addressing HIV/AIDS issues. Ten countries participate formally and more countries adopt the same approach. Various co-sponsors (WHO, World Bank) support the process, as well as bilateral agencies (Irish, German, Dutch, Canadian)

(picture of group during fieldvisit)

- Participants of the technical meeting on the facilitation of Local Responses during a field visit to the Inyathi District Hospital.

Recent development on the Local Response Agenda is the recognition of the key role of people in their private lives. Also there is the recognition of importance of reform in key sectors such as education, social welfare, agriculture and local government in addition to the health sector. All these sectors need to review their policies in order to create a conducive environment for an appropriate Local Response. Thirdly there is the conviction that an international partnership on HIV/AIDS is only meaningful if local partnerships are created to implement activities.

In this Newsletter the events of the meeting are highlighted and the input from all participants who were working together in small groups (Support and Learning Teams) are documented. Any reader who is interested in obtaining more information on the Local Response Agenda is kindly invited to contact the Local Response Group in Geneva. (Dr Jean-Louis Lamboray, Senior Adviser to Director & Co-ordinator for Local Responses to HIV/AIDS at UNAIDS Department of Policy, Strategy and Research, room M332, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland, Tel: (41-22) 7914756, Fax: (41-22) 7914741, E-mail: lamborayj@unaids.org).

Quote

Cyril Pervilhac in his report on the meeting for GTZ:

“ For the various partners, including GTZ, the meeting proves through the various experiences shared that the local level response is feasible, and effective, by shifting the paradigm at the community level... GTZ needs to be an active partner of it (local response) as well, through its projects, in order to be on top of the new development in the HIV/AIDS field for the new millennium ”

Learning community on HIV/AIDS

The Local Response Agenda is based on lessons learned in the field. To enhance learning from and through action and interaction, all participants involved in Local Responses are challenged to unite in a Learning Community on Local Responses.

During her presentation Marlou de Rouw described this Learning Community as a global network, working towards an AIDS competent society. De Rouw stated that as long as there is no vaccine against HIV, an alternative is working on a social vaccination, or a collective immunity. All elements of the network together try to outlearn the virus, by bundling all the bits and pieces of knowledge.

The metaphor was used of a community trying to repair an ill human being, where one member knows how to heal the liver and the other has the knowledge to make the heart beat. Another member has a lot of experience on the little toe. If all this knowledge would be brought together, all together worked on a healthy body, or in this case: on an effective response to HIV/AIDS.

Several proposals were made in order to enhance the learning process. One of them is removing the obstacles that prevent us from learning, like conservative clinging to old and familiar patterns of learning, lack of trust (which makes people reluctant to share sensitive information), suspicion about how information might be used and lack of understanding about the value of local learning to the wider community. Also the exchange of information can be enhanced, by realising that people learn in many different ways. To assume that the traditional western academic style of abstract analytic written report backed by tables of statistical research data is the only or best way of learning, is arrogant. Alternatives can be found in story telling and the involvement of all senses.

*Participants in local responses involved in a global network, where knowledge is exchanged rapidly and efficient.

Picture: Weekeditie NRC Handelsblad, 16 November 1999

To accelerate learning it was proposed that the nodes of the network consist of Support and Learning Teams, existing of not more than three or four persons. Members of these teams exchange knowledge, experiences and doubts. Share hopes and fears, certainties and uncertainties about their response to HIV/AIDS. As a team they will be stronger than isolated individuals. Within the team every members' opinion matters and the synthesis of the teams' knowledge provides the learning community with more efficient and more adequate information. The output of each team is synthesised material, filtered, selected and prioritised by the team members: so this output is of a higher quality than the individuals input.

During the meeting participants worked together in this kind of Support and Learning Teams. After each presentation they discussed within their team what they learned and the synthesis of this learning was presented during a plenary discussion, which resulted in high quality output after each session.

Consultant David Wasdell, Director from the London based Meridian Programme, produced for UNAIDS a Working Note on Learning from Local Responses. Please contact the Local Response group in Geneva if you want to receive this publication.

NEWS

from the Geneva desk !

Contract with Look.Net signed

Recently a contract has been signed with the Virginia-based company Look.Net for the development of an electronic platform suited for the specific business needs of the Local Response to HIV/AIDS Team. The main components of the electronic platform will be accessible by e-mail. The electronic platform will contain two main components: a moderated discussion forum and an electronic library. The platform will be equally accessible to e-mail and Web users. The platform structure will be flexible in order to allow for future modifications and expansion (eg. connectivity and links to other global learning networks and information resources). The Web-site will run in March 2000.

Key Notes document Learning from Local Responses

Key Notes at every level of the Local Response provide the arrow to the target, thus stated Marlou de Rouw from the Local Response Team on Monday. She introduced the idea of the Key Note as a way to document learning from Local Responses.

Before the Technical Meeting, the Local Response team in Geneva developed the first Key Note, a five-page paper, which represents the global agenda for Local Responses. The aim is that lessons learned in the field feed and ameliorate this agenda. As a first step towards this, participants were asked for their comments on the Keynote number 1, and all suggestions will be incorporated at a short notice.

As a result of the discussion within the meeting it is decided that the Key Note on the Global Agenda will contain the general philosophy on Local Responses and will be updated as necessary. Beside that there is a clear need of practical documentation. Therefor Technical Notes will be developed to complement the Local Response library. The first Technical Note (ready by the end of January) will describe the 'steps towards an AIDS-competent society'. The second Technical Note will focus on the way to produce a Key Note at local level. Technical Note number 3 focuses on Measuring Progress by local communities. All technical notes – like the Key Note - will be based on lessons learned at the local level, and will be updated at a regular base, whenever new insights occur. Furthermore, this set of notes will not be a blueprint for Local Responses, but will provide guidelines for those involved in Local Responses. Every Local Response can choose from there the most appropriate items, depending on the local situation, resources and possibilities. Beside this set of Notes, which will become the library on Local Responses, local experiences will be documented (written and audio-visual) to complement the library with real-life examples.

All participants of Local Responses are challenged to produce Key Notes, at every level of the Local Response. The Key Note at the NGO, national, district or community level stands for the synthesis on the most adequate response to HIV/AIDS at this moment, given the context, information skills, experience and resources available. The appearance of these Key Notes can vary widely: the most effective and appropriate communication mode (and language) in the context can be used. Thus the Key Note can be a logbook, a picture, a song, a story, a drawing or a videotape. The rules of the game are limited, as long as the Key Note focuses on the goal, the means by which this should be achieved and the philosophy of the specific project. Key Notes will be adjusted whenever experiences in the field appear to be not coherent with the content of the Key Note. To add real life examples to the Local Response documentation, an annex to the updated Key Note can describe what specific experience in the field changed the view on the content of the Key Note.

Key Notes will be used for information exchange among peers and can provide fuel to the global agenda. Each and every Key Note will become available at the Local Response electronic platform, which will function by March 2000. By the end of January 2000 a Technical Note on writing Key Notes will be available.

Presentations on progress by country facilitators on first day

Experiences from the field exchanged and discussed

Local Responses are on track in many countries now. In those countries the process is in a different phase. Country facilitators exchanged their experiences during the technical meeting, and by discussing the content of the presentations in small teams, participants learned from each other. The presentations showed that there is no blue print for Local Responses. The process - although with starting points with a global validity - is flexible and can be adapted to different situations and facilities. Generally heard in the team discussions was the call for a generic framework for local responses, which can be adapted for use by countries.

The participants also felt that more intensive efforts must be made to let communities own the process. Local communities should be part of the decision making process. Communities need to identify local HIV/AIDS risk and vulnerability factors. The process must be transparent, especially concerning resources, so that communities are more realistic in their planning and expectations.

On the issue of what really constitutes Local Responses it was noted that they ought to be viewed as an orientation rather than the level of implementation. In that way the national level, district level and donors may be viewed as participating in local responses if their policies, resources and actions are oriented towards supporting the response at local level. The need to develop indicators for monitoring progress in implementation of local responses was shared by all participants.

Finally there was agreement that the various ongoing Local Response projects should be documented and exchanged in a more effective way.

Burkina Faso

Dr Pierre M'Pele, who was working as a country-facilitator in Burkina Faso and who recently joined the UNAIDS secretariat in Geneva presented the rapid developments in 'his' district. In Burkina Faso the Local Response approach has started to be fully implemented. The Response in Gaoua District is based on three assumptions. The first is that work in Gaoua District influences national policy on Local Responses. Secondly, practical dynamic learning at local level will guide international technical support to countries. The third assumption is that interaction of actors at local level will generate universal lessons on implementation of Local Responses.

The three major components of the approach are local strategic planning, mainstreaming of HIV/AIDS and promotion of partnerships. The process is guided by a local multisectoral committee on Local Response. Technical support is provided by an external facilitator who stimulates initial discussions and provides methodological tools for the implementation of various stages of the approach. Some of the results include ownership

of the process by the district administration, mobilisation and efficient use of resources, active participation of a larger number of partners in the response and decision by the Minister of Health to extend the process to eleven other districts in the country.

Ghana

Joe Anan told about the Local Response process in Ghana. As a follow up to the District Response Initiative study which was conducted in 1997, the UN Theme Group on HIV/AIDS in conjunction with the Ministry of Employment and Social Welfare (MESW), NACP and other partners undertook a consensus workshop for selected districts. Key personnel in the districts underwent sensitisation and training using UNDP modules for HIV and Development and ten pilot districts for the implementation of local responses are now in the process of starting up activities. These districts have embarked on strategic planning and management processes, which will provide a framework for co-ordinating existing initiatives and expansion of the response to HIV/AIDS at the local level. The approach stresses the importance of allowing for diversity and avoiding the creation of a district master plan. The first phase underscored this need as nearly all the five districts are suggesting varied planning processes and institutional relations.

Tanzania

The presentation on progress in Tanzania was made by Dr Eleuther Tarimo. He is currently helping NACP to draw lessons from district HIV/AIDS responses. Assessment is being carried out in five districts and focuses on the content of the response, organisation of the response, process of capacity building and how resources are mobilised. Three of those districts receive considerable external financial assistance and two rely mostly on internal support. Data on HIV/AIDS do not always show the complete picture because they are usually without denominators. Most of the district plans and activities are managed at the district level. The community managed part of the response is very weak. A few districts have devolved planning and financial management responsibilities to sub-district levels. The integration of vertical programmes continues to be a problem, particularly in those districts that have a strong donor presence. The assessment will be completed early next year.

South Africa

Kevin Osborne reported on his work for the South African Policy Project. The declaration of the Partnership Against AIDS which was made by the Deputy President in October last year provided a framework for involvement of numerous players in the

campaign. The Policy Project is a capacity building arm of the Ministry of Health. The Policy Project works with some development NGOs that do not have HIV/AIDS components to their activities. The NGOs are provided with training on HIV/AIDS issues. They are asked to draw up work plans on a response to the epidemic within their current activities. Subsequent follow up indicates that most of the NGOs have actually started to implement their plans of action. These are later called in for further training. Some of the principles underlying the Policy Project approach include self-involvement, working within existing frame and developing the personal catalyst as a feature of sustainable response. The Project has also developed a Local Government Toolkit to assist local government in developing responses to HIV/AIDS.

Senegal

On the third day of the meeting the Senegalese Dr Papa Amadou Diack reported on assessment carried out in Mbao district (Senegal) by the NACP, to determine the readiness of the district to start Local Response initiatives. The district has a high level of unemployment. Health facilities include one health centre, eleven health posts and eight maternity posts. Intersectional co-operation is taking place through involvement of the local authorities. There is need for better co-ordination of HIV/AIDS activities. The reporting system is functional. However, there are insufficient data on the prevalence of HIV/AIDS in the district. The epidemic is not very visible, which makes it difficult to convince community to develop a serious response. There are also gaps in the care of patients in the district.

The assessment recommends health personnel should be trained in dealing with HIV/AIDS issues. An effort to collect HIV/AIDS data in the district has to be undertaken. It is also recommended that a team be constituted to co-ordinate and follow up the response to HIV/AIDS. Additional resources are needed to carry out the recommended steps.

NEWS

from the Geneva desk !

Next Technical Meeting on monitoring progress

In response to the demand formulated by participants of the Bulawayo Meeting, the next Technical Meeting will focus on monitoring progress by local communities. The meeting is planned in Mwanza (Tanzania) from 27-29 March 2000. Invitations to the meeting will be sent out in a short notice. Please contact the local response team if you have suggestions concerning the content of the meeting.

Learning by doing with experiences from a field visit

How Cows and Goats are Partners in the Bubi Struggle against HIV/AIDS

Not only people in Bubi District, but also cows, goats and chickens were our hosts at the second day of the meeting. Although impressed by the involvement from, among others, nurses and women and (few) men from the home based care project, the general impression was that the response to HIV/AIDS needs to be extended for the Bubi community to become 'AIDS competent'.

Packed in a mini-bus and a car, participants left on Tuesday morning to visit local communities in Bubi District. Discussions with Bubi people, in their living environment and their workplaces, provided the participants with insights of the response to HIV/AIDS in this district with 46,000 inhabitants, where the HIV-prevalence is 42 percent.

At the District Hospital (Inyathi) a stimulating discussion with the Rural District Council, including one representative of the Ward, the District Nursing Officer, the chief's wife and the Counselor in charge of HIV/AIDS highlighted the gravity of the situation in Bubi. The District leaders have identified main driving forces behind the epidemic (migrant farm workers, miners, truckdrivers and road construction workers interacting with local communities). The current response is concentrating on provision of home-based care, orphan support and income generating projects. Few prevention activities are going on (AIDS education at schools, few contacts with farm and mine owners to initiate activities).

Taboo appears to be an enemy in the Bubi battle against the virus. Within the council AIDS is never explicitly discussed. Most patients do not want the cause of their illness to be known to their friends and relatives. When a person dies from HIV/AIDS, this is not mentioned during the funeral.

(PICTURES OF BAGS).

**Taboo is an enemy in the Bubi battle against HIV/AIDS*

But, although it is never outspoken, people do know the cause of death, says the chief's wife. She initiated several small-scale projects in the district, of which we visited the vegetable farming project. Those projects are mainly income-generating and address AIDS in the sense that the activities entertain people as opposed to "meeting in beer halls". Also the income from the projects is used for the care of AIDS-patients and orphans. In these small scale projects people sought to overcome their unequal lonely battle against poverty as well as the HIV-virus by bundling forces. The common activity, whether it is growing crops, selling chickens or cattle fattening create an atmosphere where people share what they know, but also their anxieties and uncertainties. All these projects are run as local co-operatives and share benefits. Some receive assistance from the office of the president, Ministry of National Affairs and from NGO's such as ORAP. Some groups, such as the goat-rearing project has started constructing better houses as a result of benefits from their business while others such as the vegetable farm had suffer setback for almost 6 months because their water pump has been stolen.

HIV/AIDS is explicitly addressed by the Home Based Care Project (Bekezela) where 36 volunteers (mainly women) devote their selves to the care of HIV-patients in their own houses. The women grow crop in a field near the District Hospital, some of them are patients as well. The small revenue allows them to go to the places of patients to take care of them and their families.

A final stop at Joe's Place (identified by a Bubi District Project Document as "the place where promiscuity is concentrated") showed that at this specific place, although condoms were for sale in the bar, any visual sign of prevention was lacking. Prostitutes at Joe's place still have two prices for their customers: with or without condoms

Picture from field visit

Learning from Bubi

Bubi provided the meeting-participants with a good sample of how communities respond to HIV/AIDS. Based on the experiences from the visit the participants were challenged to learn by doing; to formulate an action plan on a Local Response for this specific District. Below are the steps, proposed by the participants.

Steps to improve Response to HIV/AIDS in Inyathi:

- 1) Situation/Response analysis**
 - Size of problem
 - Structures
 - Current Local Response (what is being done)
 - Vulnerable Groups
 - Who is doing what (involve men/youth)
 - Future Opportunities
- 2) Partners agree on common vision**
 - Strengthen leadership at all levels
 - All partners involved, including local council, VIDCO's, etc
- 3) Define institutional relationships/local response structures**
 - Roles of council, VIDCO's, etc.
- 4) Define district priorities/objectives/activities (Plan)**
 - Taskforce/ committee
- 5) Mobilise resources and implementation**
- 6) Monitoring and Evaluation**

Quote

Kevin Osborne after the field visit to Bubi District:

“I am left with a sense of quiet determination; of calm acceptance and doing what comes naturally. People are responding to the epidemic as people, as families and communities. The dealing with the inevitabilities of life struck me most. AIDS is there. It is real... but so too is the business of living today. I think this is what typifies a local response.”

Need for refinement of Toolkit

Currently available tools for Local Responses are still complex and expert-driven. That was the conclusion from the presentation by Cyril Pervilhac on the third day of the meeting, when he reviewed the present state-of-the-art of tools that can be used for Local Responses.

In early 1999 Pervilhac made an inventory of the tools for UNAIDS. The tools are related to situation analysis, institutions' and sectors' capacity assessment, assessment of existing policies versus needs and realities, calculation of intervention costs, resource mobilisation, program monitoring and evaluation.

Most tools now have limited wide application or replicability. Further refinement is needed to be adapted to the very local situations, all participants agreed. For the key-persons (country-facilitators) involved in Local Responses the challenge for now is to find out how to make best use of the most applicable tools and to compile the best mix. Or, as Pervilhac states: To ask the right questions at the right time.

The current toolkit for Local Responses is incomplete, so was agreed during the discussion. Currently available tools were also found to be too bureaucratic and thus often not applicable for use at community level. Additional tools from the community development sector and NGO's should be looked into. Besides, tools have to be designed locally for the specific purpose of Local Responses.

For more information on Local Responses, please contact Dr Jean-Louis Lamboray, Senior Adviser to Director & Coordinator for Local Responses to HIV/AIDS at UNAIDS Department of Policy, Strategy and Research, RM M332, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland, Tel: (41-22) 7914756, Fax: (41-22) 7914741, E-mail: lamborayj@unaids.org

Quote

Isabel Saungweme, commenting on the devotion of volunteers in the home based care project:

“People live longer if they live a positive life after they found out they are HIV-positive”

Linking Local Responses to National Policies: Boxes or a Spiral?

Two pictures were rivals during the presentation and discussion on linking Local Responses to national policies. Both of them found supporters among the participants, and so the drawings were being showed and moved aside, according to the insights of the speaker.

Joe Anan introduced the picture of boxes where each level and sector has its own place. Jean-Louis Lamboray, inspired by an earlier drawing from the South African participant Kevin Osborne, proposed a spiral as a way to visualise the ideal linking process. The discussion was heated and inspirational.

General agreement was achieved on the fact that local experiences need to influence national policies. Policy reforms in all sectors should be based on lessons learned at the local level. But local level experiences and national and even international experiences need to benefit each other. Joe Anan stated in his presentation that responses to the epidemic require both a bottom-up and top-down approach to effectively expand the scope of and involvement of people in responses. The critical matter is ensuring that decentralised initiatives or Local Responses fall within a well-circumscribed national strategic framework to enable greater coherence of policy and implementation. Furthermore Anan claimed that forming sustainable partnerships at all levels of collaboration is increasingly seen as a fundamental requirement to expanding and accelerating responses to HIV/AIDS.

Discussion focused also on resources for local responses. Participants agreed on the need for protected resources to lower levels. Mechanisms that were proposed for this are basketting or sharing of duties by sectors, but no agreement on this was achieved.

Illustrations: two models (boxes and spiral).

Participants identify Next Steps

Now that the Local Response Agenda has been launched in several districts, the call for follow-up is loud. During the last day of the meeting participants worked by groups to identify the needs for Next Steps to be taken by the Local Response Team of the UNAIDS Secretariat in supporting the further development of implementation of Local Responses. Most of the items have already been followed up by the Local Response Team.

Group 1

- Promote the development of sub-regional networks on Local Responses. The UNAIDS Inter-country Teams could be the focal points of such networks. The networks could
- The Key Note needs to be reviewed. There should be one Keynote which gives the basic principles of local responses and which does not change frequently. Other Key Notes could deal with specific issues such as steps in the implementation of local responses, resource mobilization for local responses and feedback to policy.
- Alliances need to be developed with other international partners involved with or interested in Local Responses
- Future technical meeting could bring together experiences in monitoring local responses.
- Case studies of successful local response efforts need to be documented and disseminated.
- A web site and electronic discussion group on local responses needs to be developed.

Group 2

- Support human resource development including training of resource persons in collaboration with district teams.
- Develop a more concrete framework on Local Responses.
- Support study tours of individuals at various levels (mainly women) to visit other countries or districts where Local Responses are taking place.
- Produce state-of-the-art documents on specific issues such as implementation, monitoring and evaluation.
- Promote sharing of information and collection and dissemination of 'best practices' with respect to Local Responses.
- Strengthen regional co-operation and involve regional organisations such as SADC.

Quote

Joe Anan:

“A useful thought after Bulawayo: empowerment for scaling-up Local Responses and action by the affected in Africa”.

PLUS LIFE

“How has HIV/ AIDS touched **you** over the past year?” And before you think that it hasn’t - I challenge you to once again ponder this question. For it is a question that looks so simple, yet its answers uncover a host of hidden emotions and endless possibilities. And at the cusp of this century, this is perhaps the very question that we all need to answer – for our very answers will reveal more than we realise about our understanding of this epidemic. Of its long term consequences and devastating personal impact. On all of us: the infected and the affected.

As a facilitator I frequently use this technique as a way of exploring where we believe we are in relation to this epidemic. And looking back over the past year the answers have in deed revealed that the tentacles of this epidemic are growing stronger and longer. Thicker and wider. Increasingly its impact is being felt – and felt most at the very core of the family structure; within the heart of every community. I had always believed that as people we would really begin to address the very intricate personal issues around HIV/AIDS when we could see and feel its impact on our own world. Issues related to stigma and prejudice; death and dying; life and the living of it. I have just returned from Zimbabwe where I visited a local district that has a 42% HIV prevalence rate and where members of the community are actively involved in both AIDS care and prevention. Goat rearing projects; cattle fattening initiatives and home –based care facilities have begun to address the developmental and personal roots of the epidemic. But the majority of these interventions are run by women, while men -who are often seen as the “drivers” of this epidemic - remain at a distance.

So, while it appears that HIV awareness in our country is at an all time high, this awareness has not translated into meaningful personal comprehension. AIDS is still seen as being an arm’s length away; something that happens to others; in other communities.

So while it might appear that our battle with HIV is a seemingly ever increasing winding road loaded with insurmountable hurdles, there is, I feel, a solution. A solution for Africa. The human immuno-virus reduces deficiency of the biological immune system. And there is at present no vaccine. This much we know. But it is perhaps possible to develop “social immunity” against the virus. At a recently held UNAIDS meeting the key to this immunity was identified as each cell in our social organism which has to develop competence towards HIV/AIDS. Each community, each family and each individual becomes HIV/AIDS competent through assessing how the reality of HIV/AIDS affects the different aspects of their lives. And this is where we all fit in. No longer can we assume that HIV/AIDS is not going to touch you. No longer can we afford to hide behind a wall of denial and irrelevance. Because to do so is not only foolish- but also fatal.

We should, for example, be able to measure the competence of companies by their HIV/AIDS policies and programmes. By the dynamism of their activities. By their willingness to engage meaningfully in issues that directly affect the well being of their employees. Issues around both care and prevention. Similarly such HIV Competence tests could be applied to our places of learning; to spiritual communities; and within each family structure. For herein lies the key to personal ownership of and responsibility for this epidemic.

And as we stand at the brink of the last World AIDS Day for this century, it is perhaps important for us all – irrespective of our position and place in society - to assess our individual and family HIV competence. And it is a “test” that I hope we will all pass. Did you speak about HIV/AIDS today? Have you discussed it with your children? Do you talk about sex? About the necessary life lessons in the age of AIDS? Do you have friends/colleagues who are openly living with HIV/AIDS? Have you discussed the issues that will make your particular family susceptible to HIV? Have you wondered how you would react if you were HIV positive? Because it is in the truthful answering of these sorts of questions that will identify the gaps that need to be addressed. And sooner is better than later. Prevention is better than cure. It is only in talking about HIV – about interacting with the issues – that we will find our personal immunity. Have you found yours?

Column by Kevin Osborne, published in the independent South African Newspaper ‘Cape Argus’, December 1999.